

ATTACHMENT E
SPECIAL CONDITIONS

A. The Recipient and its sub-recipients shall comply with the following special conditions:

None

B. Failure of the Recipient or its sub-recipients to comply with the special conditions under this Agreement shall be cause of the immediate suspension of payments, and may be cause for the immediate termination of this Agreement.

LIHEAP
ATTACHMENT G
RECIPIENT INFORMATION

FEDERAL YEAR: 03 CONTRACT PERIOD: April 1, 2003 to September 30, 2004

FOR DCA USE ONLY

DATE RECEIVED: _____ CONTRACT NO: _____
REVISION(S): _____ \ _____ GRANT TYPE: Low-Income Home Energy Assistance Program
DCA CONSULTANT: _____

I. **RECIPIENT CATEGORY:** ☐ Non-Profit ☒ Local Government

II. **COUNTIES TO BE SERVED WITH THESE FUNDS:** Monroe

III. **GENERAL ADMINISTRATIVE INFORMATION**

- a. Name of Recipient: Monroe County Board of Commissioners
- d. Name of Executive Director or Chief Administrator: Louis LaTorre
- e. Recipient Fiscal Year: From October to September
- d. Address:
1100 Simonton Street
City: Key West, FL, FL Zip Code: 33040
Telephone: (305)/292-4573 County: Monroe
Fax: (305)/292-4517 E-Mail Address: socialservices@monroecounty-fl.com
- e. Mailing Address (if different from above):
_____, FL Zip Code: _____
- f. Chief Elected Official (For local governments) or President/ Chairman of Board (for corporations):
Name: Dixie Spehar
Title: Mavor, Board of County Commissioners
Home or business address and telephone number other than Recipient's Mailing Address:
500 Whitehead Street
Key West, FL Zip Code: 33040
Telephone (305)/292-3440
- g. Official to Receive State Warrant:
Name: Danny Kolhage
Title: Clerk of Courts
Mailing Address: 500 Whitehead Street
Key West, FL Zip Code: 33040
- h. Contact Person:
Name: Louis LaTorre
Title: Director/Social Services
Mailing Address: 1100 Simonton Street
Key West, FL Zip Code: 33040
Telephone: (305)/292-4573 Fax: (305)/292-4517
E-Mail Address: socialservices@monroecounty-fl.com
- i. Person(s) authorized to sign reports: Louis LaTorre or Susan Hawxhurst

IV. **AUDIT DUE DATE**

Agency Fiscal Year: October to September

Seven months from end of agency fiscal year: April

**LIHEAP
REVISED ATTACHMENT H
BUDGET SUMMARY AND WORKPLAN**

RECIPIENT:

I. BUDGET SUMMARY

A. LIHEAP FUNDS ONLY	B. Original Budget Amount	C. Increase in Base Allocation	D. Contingency Funds	E. TOTAL Budget (Col. B + C + D)
1. TOTAL FUNDS	64,687	16,662	7,561	88,910
ADMINISTRATIVE EXPENSE (Cell 2E cannot exceed 7.5% of Cell 1E)				
2. Salaries including: Fringe, Rent, Utilities, Travel, Other	-	-	5,761	5,761
OUTREACH EXPENSE (Cell 3E cannot exceed Cell 1E minus Cell 2E times .15)				
3. Salaries including: Fringe, Rent, Utilities, Travel, Other	-	-	-	-
DIRECT CLIENT ASSISTANCE				
4. Home Energy Assistance (Cell 4E must be at least 25% of Cell 1E)	28,000	-		28,000
5. Crisis Payments	36,687	16,662		53,349
6. Weather Related/Supply Shortage (Cell 6E must be at least 2% of Cell 1E)	-	-	1,800	1,800
7. Subtotal Direct Client Assistance (Lines 4+5+6)	64,687	16,662	1,800	83,149
LEVERAGING FUNDS ONLY				
8. Home Energy Assistance				
9. Crisis Assistance				
10. TOTAL LEVERAGING (Lines 8+9)				
11. GRAND TOTALS (Lines 2+ 3 +7) Must agree with line 1.	64,687	16,662	7,561	88,910

II. DIRECT CLIENT ASSISTANCE WORKPLAN

Type of Assistance	Estimated # of Households		Estimated Cost Per	Estimated Expenditures (Estimated # of Households X
	Previous	Amended		
<u>LIHEAP</u>				
Home Energy		280	100	28,000
Crisis		318	168	53,349
Weather Related/Supply Shortage		6	300	1,800
TOTAL		604		
<u>LEVERAGING</u>				
Home Energy				
Crisis				
TOTAL				

**LIHEAP
ATTACHMENT I**

III. ADMINISTRATIVE AND OUTREACH EXPENSE BUDGET DETAIL (Lines 2-3)

Line Item Number	EXPENDITURE DETAIL (Round up line items to dollars. Do not use cents and decimals in totals)	LIHEAP FUNDS
	<u>ADMINISTRATIVE EXPENSES</u>	
2.A	TRAVEL	561.00
2.B	OTHER	5,200.00
	(1) Phone/Postage..... 500.00	
	(2) Rental/Copy.....1,200.00	
	(3) Office Supplies.....1,000.00	
	(4) Maintenance Agreement..2,500.00	
	TOTAL ADMINISTRATIVE EXPENSES	5,761.00
	<u>OUTREACH EXPENSES</u>	N/A
	<u>DIRECT CLIENT ASSISTANCE</u>	
4.	Home Energy Assistance.....	28,000.00
5.	Crisis Payments.....	53,349.00
6.	Weather Related/Supply.....	1,800.00
	TOTAL DIRECT CLIENT ASSISTANCE	83,149.00
	GRAND TOTAL.....	88,910.00

**LIHEAP
AMENDED ATTACHMENT J
MULTI-COUNTY FUND DISTRIBUTION**

In the form below, describe upon what basis you plan to equitably allocate LIHEAP resources to each of the counties you serve. This plan must be at least in part based on the 150% poverty population of each county. Provide reasoning and numeric justification for distribution plan.

COUNTY	ALLOCATION	% OF AGENCY'S DIRECT CLIENT ASSISTANCE DOLLARS ALLOCATED TO THIS COUNTY	BASIS FOR DISTRIBUTION/CALCULATION USED TO DETERMINE ALLOCATION
N/A		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
Total Budgeted Direct Client Assistance	\$	%	

ATTACHMENT K

JUSTIFICATION OF ADVANCE PAYMENT

RECIPIENT: Monroe County Board of County Commissioners

Indicate by checking one of the boxes below, if you are requesting an advance. If an advance payment is requested, budget data on which the request is based must be submitted. Any advance payment under this Agreement is subject to s. 216.181(16)(a)(b), Florida Statutes. The amount which may be advanced shall not exceed the expected cash needs of the recipient within the initial three months.

☒ **NO ADVANCE REQUESTED**

No advance payment is requested. Payment will be made solely on a reimbursement basis. No additional information is required.

☐ **ADVANCE REQUESTED**

Advance payment of \$ _____ is requested. Balance of payments will be made on a reimbursement basis. These funds are needed to pay staff, award benefits to clients, duplicate forms and purchase start-up supplies and equipment. We would not be able to operate the program without this advance.

ADVANCE REQUEST WORKSHEET

If you have requested an advance in any of the last three LIHEAP contracts, complete the following worksheet.

	DESCRIPTION	(A) FFY 2000	(B) FFY 2001	(C) FFY 2002	(D) Total
1	INITIAL CONTRACT ALLOCATION				
2	FIRST THREE MONTHS CONTRACT EXPENDITURES ¹				
3	AVERAGE PERCENT EXPENDED IN FIRST THREE MONTHS (Divide line 2 by line 1.)				

¹ First three months expenditures need only be provided for the years in which you requested an advance. If you do not have this information, call your consultant and they will assist you.

MAXIMUM ADVANCE ALLOWED:

_____ X \$ _____ = \$ _____

Cell D3 LIHEAP Award
(Do not include match.) MAXIMUM ADVANCE

REQUEST FOR WAIVER OF CALCULATED MAXIMUM

☐ Recipient has no previous history of requesting an advance. Complete estimated expense chart below.

☐ Recipient has exceptional circumstances that require an advance greater than the first three months expenditures of the previous three years. Complete estimated expenses chart and Explanation of Circumstances below. Attach additional pages if needed.

BUDGET CATEGORY	2002-2003 Anticipated Expenditures for First Three Months of Contract
ADMINISTRATIVE COSTS (Include Secondary Administration.)	
PROGRAM EXPENSES	
TOTAL EXPENSES	

Explanation of Circumstances: